State of Wisconsin

OMBUDSPERSON SERVICES

FACT SHEET

HISTORY AND PURPOSE

- The ombudsperson program was created in 1991 to assist participants with insurance issues.
- Ombudspersons in the Department of Employee Trust Funds (ETF) advocate for participants and attempt to resolve health and disability insurance program complaints.
- If participants have completed the health plan grievance process or contacted the disability program administrator and are still dissatisfied with the outcome, they may contact an ombudsperson for assistance.
- If unsuccessful in resolving the participant's complaint, the ombudsperson provides the participant with a written explanation and advises him/her of the subsequent avenues of appeal available.

FREQUENTLY ASKED QUESTIONS

Question: What should I do if I am unhappy with my health plan?

Answer: Contact your health plan through its customer service telephone number. If you are unable to resolve your complaint informally with the health plan, you may file a formal grievance with your health plan. If you exhaust your appeal rights with the plan, and the plan continues to uphold its denial, you will be notified of further rights that may apply in your situation; for example an independent review or an administrative review by the ETF.

Question: What is an independent review?

Answer: Depending on the nature of your complaint, you may have rights to request an independent review through an outside organization known as an independent review organization (IRO), which is approved by the Office of the Commissioner of Insurance. This option becomes available to a member when a health plan has denied services as either not medically necessary or experimental.

Question: How does requesting an independent review affect my administrative review rights at the ETF?

Answer: It is important to note that if you choose to have an IRO review your health plan's decision, the outcome of the review is legally binding on both you and your health plan. Therefore, once an IRO decision has been made, you no longer have rights to an administrative review through the ETF.

Question: How can the ETF help me if I disagree with my health plan's grievance decision?

Answer: As a member of the State of Wisconsin group health insurance program, you have the right to request an administrative review through the ETF. To initiate a review by the ETF, you may call or send a letter requesting a complaint form (ET-2405).

2003 HEALTH INSURANCE COMPLAINT STATISTICS

Total CLOSED Health Insurance Complaints: 255			
Resolution Type	**Standard Plans**	**Managed Care Plans**	**Total**
In favor of member	34 (13%)	97 (38%)	131 (51%)
Compromise	0 (0%)	2 (1%)	2 (1%)
No change to decision	9 (4%)	65 (25%)	74 (29%)
Inquiry only	8 (3%)	40 (16%)	48 (19%)
Total	**51 (20%)**	**204 (80%)**	**255**

ETF ADMINISTRATIVE REVIEW PROCESS

You must exhaust all levels of appeal through the plan before an ETF administrative review. All complaints must be sent in writing.

Levels of Administrative Review:

1. **File a Complaint with the Quality Assurance Services Bureau.** An informal review, this level allows the most latitude for resolution of your problem. Examples at this level include plan denials of benefits and referrals. Acting as a neutral third party, the ombudsperson advocates for participants and attempts to resolve complaints and disputes on their behalf.

   After your complaint is received, your complaint is acknowledged and information is obtained from the health plan. An ombudsperson will review and investigate your complaint and attempt to resolve your dispute with your health plan. If the ombudsperson is unable to resolve your complaint in your favor, you will be notified of additional administrative review rights available through the Department.

2. **File a Request for Departmental Determination.** ETF has the authority to issue a departmental determination based on the language of the contract or applicable Wisconsin statute or Wisconsin administrative code. This is a more formal process than the review by the ombudsperson and may follow that review, or you may request a departmental determination as the first level of administrative review.

3. **Appeal to the Group Insurance Board via Administrative Hearing.** This is the final level of administrative review. You must receive a departmental determination before you can file an appeal. The appeal process involves a pre-hearing to determine the issue(s) in dispute, followed with a formal hearing by a hearing examiner. The hearing examiner then makes a recommendation to the Group Insurance Board, which the Board may or may not accept. You may choose to retain an attorney for this or any other level of appeal.

Level	**Number of days to file a complaint**
1. Complaint with Ombudsperson	Within 60 days from the date of the plan's final decision
2. Request for Departmental Determination	Within 60 days from the date of the ombudsperson's final letter to you
3. Appeal to the Group Insurance Board	Within 90 days from the date of the written determination

Department of Employee Trust Funds P.O. Box 7931 Madison, WI 53707-7931
Toll Free: 1-877-533-5020 Internet: http://etf.wi.gov